

KESWICK  
URBAN SANITARY DISTRICT.

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REPORT

OF THE

Medical Officer of Health

FOR THE YEAR, 1894.

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KESWICK :

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# REPORT.

IT is necessary to say at the commencement of this Report, that the statements which follow and the tables which accompany it refer only to the old Urban District of Keswick before the recent addition was made. The additional area was only transferred to the Urban Sanitary Authority a very short time before the termination of the year, and the Registrar's returns for that area up to the end of December continued to be sent to the Rural Authority as before.

The population of the old Urban District for the middle of 1894, calculated on the hypothesis that the rate of increase continued the same as between the two previous censuses, was 4158.

One hundred and sixteen children were born in the District during the year—60 being boys and 56 girls.

The total number of deaths was 66, giving a death-rate of 15·87 per 1000 per annum. This is the lowest death-rate but one for any year since and including 1887, previous to which I have no record. The only year during that period in which the rate has been lower was 1892, when it was 14·25.

The causes of deaths are given in the accompanying Table (Form A.) Of the deaths not specially classified in this Table, 2 were due to Cancer and 2 to Influenza.

Cases of Scarlet Fever were reported in every month except one ; but, though one child died of Diphtheria immediately following that disease, it was not itself directly the cause of any death.

Measles and Whooping Cough on the other hand have been very fatal to children, Measles having caused 6 and Whooping Cough 8 deaths. These are large numbers, being in each case twice as many as the deaths from the same diseases during the 5 previous years.

There were 12 deaths from Bronchitis and other diseases of the respiratory organs, besides 4 from Consumption.

Three deaths were caused by Diarrhœa and similar diseases, and 1 by Heart Disease. An inquest was held in one instance in which a child was accidentally scalded to death. One of the deaths attributed to measles was not certified.

In addition to the usual death-rate per 1000 of the population, I am this year for the first time required to add to Table A the "Infantile" death-rate: that is, the proportion of children dying in the first year of life to the number of Births. The number of deaths under the age of 1 is 14, and the number of births being 116, the Infantile death-rate is 121 per 1000. This is higher than the average for the previous 5 years, which was 115 per 1000. The average Infantile rate for the whole of England during the same years was 150 per 1000.

The Infantile death-rate calculated in this manner only takes into account deaths under 1 year.

But in Form A we have a distinction made between



the deaths under, and those over, 5 years. Here again we find the deaths in the earlier period of life considerably above the average, though to a less extent than in 1893; the deaths under 5 being 27, against an average of 21 in the previous five years. This is mainly due to the large number of deaths already referred to from two diseases which are not usually regarded as dangerous ones. It is a very remarkable fact that, during the last 6 years, Measles and Whooping Cough, which are supposed to be so innocent, and which it is to be feared parents often take no pains to prevent their children from catching, have caused exactly 3 times as many deaths as the more dangerous Scarlet Fever of which we have unfortunately seen and heard so much since 1890. The deaths from Scarlet Fever during that period have been only 7, whereas the deaths from Measles and Whooping Cough together have been 21.

The outbreak of Scarlet Fever which began in August, 1893, has continued without intermission through the year. There was, however, no death from this cause in 1894 though 32 cases were notified, a result which we may hope to be at least partly due to the notification of a larger number of those slight cases, which, being too often unrecognised, so greatly help to spread the disease. I have no doubt that the long continuance of this outbreak, as of that of 1890, is largely due to the carelessness of parents in not keeping children who have had the disease properly isolated during the period of desquamation. A case of this kind having come under my notice in the end of the year, I thought it my duty to advise a prosecution, in order to impress on the public the great importance of

proper care in this respect, and to warn them that legal penalties are incurred by its neglect.

Though Measles is not on our list of notifiable diseases, 4 cases were reported in the Spring. The first child taken ill had been previously staying at a house in Liverpool, where other children were suffering from the complaint. It does not appear to have spread on this occasion, but a more serious outbreak occurred in the Autumn, during which the Public Elementary Schools in the District were closed for a time, and which caused the 6 deaths previously referred to.

Besides the case of Diphtheria following Scarlet Fever which I have already mentioned, one other case was notified. Neither case could be traced to a previous source of infection. During epidemics of Scarlet Fever, the occurrence of isolated cases of Diphtheria is so common as to suggest that there may be an unexplained connection between the two diseases. But the more probable cause of the numerous cases of this disease which cannot be traced, is the fact that the spores of the microbe which causes it, especially when they find their way into the interior of pillows or mattresses, are able to resist the ordinary means of disinfection, and, retaining their vitality for long periods, are apt to turn up in unexpected places and cause outbreaks. A steam disinfecter, by which alone such articles as mattresses can be effectually disinfected, would greatly diminish the risk of this occurring. Such a disinfecter will be a necessary part of the furniture of the Infectious Hospital which will shortly be built on the ground purchased for the purpose some time ago, and will enable the disinfection of all bulky articles of this kind to be properly carried out.

It is now generally recognised that the effectual isolation of infectious cases in their own homes, by those who live in small and crowded habitations, is practically impossible; and that therefore, when once such a disease as Scarlet Fever establishes itself in the poorer parts of a town, its spreading is inevitable, unless an Isolation Hospital is available in which the patients can be kept separate from the rest of the community. The need for such means of isolation has been much felt in Keswick in the last 5 years, during which we have had 3 distinct outbreaks of Scarlet Fever, including the one which has not yet subsided.

The building of the Hospital for this purpose undertaken by the late Local Board, and of which the plans are now before the Local Government Board, will be one of your first duties as a Sanitary Authority.

An important event during the year has been the addition of a considerable area to the Sanitary District. The new territory is naturally divided into 3 parts.

The first and largest portion contains Crosthwaite Parish Church and Vicarage, with Lairthwaite and the other residences on Vicarage Hill, the High School and High Hill Infant School, and the other houses at High Hill and at Great Crosthwaite, and also the Fitz Park and Cottage Hospital, and the Railway Station and Keswick Hotel.

The second division contains the 2 groups of houses known as High and Low Briery

The third portion contains Castlerigg Manor and one or two smaller houses.

Another Sanitary event of the year has been the com-



pletion of the new sewer for taking the sewage of the Town to the land acquired for the purpose. The connection of the Great Crosthwaite portion of the new area with this sewer will be one of your earliest duties.

There is another important subject in connection with the health of the District to which I think it right to take this opportunity of directing your attention.

In July, 1890, an Act of Parliament was passed, entitled the "Housing of the Working Classes Act," which imposed on Medical Officers of Health the duty of reporting on any areas within their Districts in which they are of opinion that "the narrowness, closeness, or bad arrangement or condition of the streets or houses, or the want of light, air, or ventilation, or any other sanitary defects, are dangerous or injurious to the health of the inhabitants either of the buildings in the area or of neighbouring buildings ; and that the sanitary defects in such an area can not be effectually remedied otherwise than by an improvement scheme for the re-arrangement and reconstruction of the streets or houses within the area." The Act also provides that the Local Authorities shall consider such representations, and, if satisfied of their truth and of the sufficiency of their resources, shall pass a resolution to the effect that the area is an "Unhealthy area," and make a scheme for its improvement ; and, if they do not pass such a resolution, they shall send a copy of the "Official Representation" they have received to the Local Government Board with their reasons for not acting on it, and the Local Government Board may then order an enquiry. A memorandum was shortly afterwards sent by the Local Government Board to



Medical Officers of Health containing an Epitome of the Act, and particularly pointing out that, whereas under former Acts of Parliament it was necessary that the Official Representation of the Medical Officer of Health in such cases should state that diseases indicating a generally low condition of health had been from time to time prevalent within the area, the present Act only required a statement of the existence of sanitary defects dangerous or injurious to the inhabitants.

Under these circumstances I thought it my duty to lay an Official Representation before the Local Board with reference to an area within the Town in which the arrangement of the courts and houses appeared to me to be such as to interfere with that free access of light and air which is necessary to health and so to come within the meaning of the Act. This area consists of the collection of Courts which extend from the Main Street to the Back Lane, including New Street, Barron's Court, and the other Courts between them. Half of these are shut in at both ends, with only narrow covered entrances, and in most of them houses are so near to one another, or to walls separating the Courts, as to interfere with proper light and ventilation. The floors of many of the dwellings also are not raised above the general level of the ground, and in some instances are below it, and in many cases there are no windows at the backs of the houses. The paving, too, is often in a very unsatisfactory condition, and there are other sanitary defects; but I am only mentioning such as are structural, and would come specially within the scope of an improvement scheme.

It is upon infants that unhealthy influences of this kind have their most baneful effect, and we have therefore a ready way of judging of the comparative healthiness of these Courts in the Infantile death rates. By the kindness of the Registrar, I have obtained the number of births in this area in each of the 5 years since 1889. The total is 60, and as the number of deaths under 1 year during the same years is 11, the Infantile death-rate for that period has been 183 per 1000. During the same years the births and deaths of infants in the whole Town have been 578 and 65 respectively, giving a rate of 112 per 1000. So that the Infantile death-rate of the area for these years collectively has been more than half as large again as that of the Town. To give a better idea of the value of these figures I may mention that in the last published Annual Report of the Registrar-General—that for 1893—we find that in that year the highest Infantile death-rate in any County was in Lancashire, where it was 169, and the lowest in Dorsetshire, where it was 98, whilst the highest number reached in London since 1841 was 169 in 1849.

It is not only within this area that there are courts and houses in the Town with serious structural defects, but I selected it because it was the largest and most important, and that in which I considered that a scheme of reconstruction was most urgently needed.

C. GORE RING, M.O.H.



